UNITED STATES DISTRICT COURT

for the

Western District of North Carolina

Asheville Division

RECEIVED
ASHEVILLE, N.C.

OCT 18 2019
Clerk, U.S. Dist. Court

Christopher Anthony Judd

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

County of Buncombe County a Political Subdivision of the State of N.C.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

1:19-CV-303-FDW

(to be filled in by the Clerk's Office,

Jury Demand

DYCS DNC

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Ĭ. The Parties to This Complaint

A.

B.

Provide the information below needed.	for each plaintiff named in the	complaint. Atta	ach additional pages if
Name All other names by which	Christopher XI		dd
you have been known:	V	0	
ID Number	10011100		
Current Institution	0001408	\ \-\-	
Address	POBOX 208	ional Inst	Hution
	Goldshoro	N.C.	28801
	City	State	Zip Code
The Defendant(s)			
individual, a government agency listed below are identical to those the person's job or title (if known) individual capacity or official capacity or officia	and check whether	nging this complete nal pages if need worth Care Care	dual defendant, include aint against them in their led. of include of Include 2880/ Zip Code
Defendant No. 2			
Name	Sherile Van	1).	
Job or Title (if known)	Former Showled	boncan	
Shield Number	JULIAN OF CITA	OF Bund	combe County
Employer	Buncaraha Carol	. 81 .60	300
Address	60 Court Dland	y UMCIT	S 144166
	Asheville	1/1	188A1
	City	State	Zip Code

		Defendant No. 3	the To
		Name	Hotel Vane Doe
		Job or Title (if known)	Former Mintel Health Care Provider
		Shield Number	
		Employer	Buncombe County Shertfis Office
		Address	100 Court Plaza
			Asheville N.C. 28801
	•		City State Zip Code
			Individual capacity Official capacity
		Defendant No. 4	
		Name	Co John The's
		Job or Title (if known)	
		Shield Number	
		Employer	Buncombe County Sheriff's Office
		Address	Col Court Plans
			Ashville N.C. 2881
			City State Zip Code
			Individual capacity Official capacity
II.	Basis i	for Jurisdiction	
	* 1 1	10 VI G G A 1000	
	immun Federa	ities secured by the Constitution and	or local officials for the "deprivation of any rights, privileges, or [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of</i> (1971), you may sue federal officials for the violation of certain
	Α.	Are you bringing suit against (check	all that apply);
		Federal officials (a Bivens clai	m)
		State or local officials (a § 198	3 claim)
		` '	,
14mg/mendrant	B. ♡	the Constitution and [federal laws].	the "deprivation of any rights, privileges, or immunities secured by "42 U.S.C. § 1983. If you are suing under section 1983, what ght(s) do you claim is/are being violated by state or local officials?
	S	Follows de Consider	2 days at a sole loss 111 as a sole loss 111 as a sole library
Ë	ن	ranove to provide a	and the mental meaning care, deliberately
	يل	Indifferent policy I de	I melate indifference to serious asychological
\mathcal{Z}	, 3	needs, deliberate ino	idequate mental health care, deliberately liberate indifference to serious psychological liference to health and safety of others in shower failure to train and supervise nly recover for the violation of certain constitutional rights. If you bettieved rights described as a constitutional rights.
=		Cruel and Unusual Pu	mishment failure to frain and supervise
	C.	are suing under <i>Bivens</i> may o	tutional right(s) do you claim is/are being violated by federal
		officials?	ifference to substantial likelihood of
		Deliberate inc	Trecence to Judgman mai mainos or
		_ Suicide attemp)+
		tailure to train er	polouses for psychiatric american for 121
		health Crisis Manago	nployees for psychiatric emergency/mental ment & Suicide prevention (1903 of 1) Document 1 Filed (10/18/19) Page 3 of 15
		Case 1/19-0v-00308-FDW	Document 1 Filed 20/18/19 Page 3 of 15
		raince to pro	rect from Self-Injury

Pro Se	: 14 (Rev. 1	2/16) Complaint for Violation of Civil Rights (Prisoner)
D.		Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
II.	Priso	oner Status
	Indic	ate whether you are a prisoner or other confined person as follows (check all that apply):
	\boxtimes	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
	\boxtimes	Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
7.	Staten	ient of Claim
	alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the I wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	Α.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose. $2010/2012/2013/2016$ at
		Buncombe County Detention Facility

C.

2010, 2012, 2013, 2016 & 2014 November 11, 12, 13 2016 D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) Buncombe County Sheriff's Office has been aware of my Svicidal tendencies and serious psychological needs since at least 2010 when Eattempted to hang myself due to Devere anxiety and withdrawl and where informed later in the year 2010 of Several mental health diagnosis to include ? Severe anxiety, insomnia, borderline personality disorter, mod + prescriptions for Methodone, Klonopin, Exprexa, trazadone If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. Worsening of Psychological Symptoms, Suicide attempt by sell hanging, slow strangulation, extreme loss of vital signs, altered mental status, emergency transport to missioned intubation for vent management, gastrointestinal feeding tobe, admission to neuro trauma I.C.U. with critically ill neuro-pulmonary organ system Anoxic/Hypoxic Brain injury, P.T.S.D., depression, Chronic headeches Fracture, edema to nech, damage to esophagus, overall severe Relief Physical and emotional distress, permanent consequence VI. State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. For all physical and psychological Pain and suffering, permanent brain injuries and permanent Psychological injuries I am seeking compensation in the amount And punitive damages for the legears of iling to provide adequate mental health coire along with the liberately indifferent policy and cruel and unusual punishment

What date and approximate time did the events giving rise to your claim(s) occur?

am seeking damages in the amount of 25,000,000.00

etc., etc... Despite their awareness of my diagnosis as well as their knowledge of my numerous traumatic injuries both physical and emotional, I was only seen by a psychiatrist maybe I fines. I was referred to Jane Doe at each time & submitted requests for mental-health treatment. I was given some of my prescribed medications one time in late 2013 or early 2014 "innuediately following a suicide attempt and those medications were discontinued for reasons unknown to me. Wespite my constant requests nurse Jane Doe continued to act with deliberate indifference He my Serious psychological needs and repectedly withheld medications and never made any further attempts to alleviate my psychological suffering despite her knowledge of my Sulcidal Lendencies, the resultent substantial likelihood that I would attempt suicide and the substantial risk of serious harm posed by the denial of access to adequate mented healthcare. I made multiple requests through the electronic kiosk system Seeking help for symptoms of anxiety, insomnia, loss of appetite and paranoia and each time was refused access to mental health meds or an interview with a psychiatrist. When rejected in vely 2016. I was severely emotionally disturbed and suicidal, it was regrested in November 2016, informed Deputy John Doe & was suicidal and asked that he take me to the hispital, he refused, book me to jail and left me in the care of Det. Fac. Employee John Doe and I assumed he informed him of my suicide threat although he may not have the co-dosos-the bocuments File 1048/19 Page 6 of 15 processed

me into the joil and then transported me to the drunk fank and may or may not have informed central booking officer John Doe of my suicide theat. Only an few hours offer arriving I went through the medical screening where & agreed to release Burcombe Country From Lightlity for costs incurred as a result of selficious behavior which & believe prompted Deputy Daniel Itages and Mented Health Care provider Jane Doe to come down to booking and conduct a very brief and cursory interview and based on that brief and cursory interviely and dispite my repeated pequests For Mental health care throughout the entire year of 2016, Deputy Daniel Itages and Nurse Jane Doe removed me from the suicide watch list and intentionally and recklessly disregarded the strong likelihood that I would aftempt swickle, caused me to be issued sheets, blankets, and assigned to a cell with tie off points, and made no provision to ensure my safety and were therefore acting with deliberate indifference to my serious medical needs. deliberate indifference to the Strong likelihood that I would attempt Sucide, deliberate indifference to my serious psychological needs and failed to proket me me from my known sucidal tendences. I only remember coming into contact with one Deputy Billy Watkins who is already a Defendant in Case# 1:19-cy-76-F. D.W along with Daniel Hayes. It is possible however that any one of at least 6 other John Doe defendants come into contact with me and either observed me engaging in Strange behavior or heard Mel making Sticked Stetements and failed to act reasonably and therefore failed to protect me from the known risk of suicide, acted with deliberate indifference to my health and safety and denied me my right of protection from self harm and as a result if attempted Suicide and nearly died.

L believe my decompensation overall is attributable to Buncombe County failing to provide minimally adequate Mental Health Care when it de facto delegated its decision making authority, where medication and counselling were the need, to Norse Jane Doe who repeatedly denied ne access to medication denied me access to medication denied me access to medication denied me access to manipulate the system and was therefore deliberately indifferent to make any meaningful attempt to alleviate my suffering therefore inflicting vanesse unnecessary and psychological suffering resulting in Suicide attempts in Violation of the Eighth Amendments prohibition on Civel and invisual punishment.

Buncombe Counties' failure to provide minimally adequate
Mental health care and therefore its celiberate indifference
for the ongoing mental health and safety of others was manifested
in it's mental health proffessional understaffing, Nurse Jane Doe
was the only one and it's questionable whether she was licensed
or qualified, cass'i townwoods two boots and professions for some since risks

failure to recognize and manage psychiatric emergencies and prevent Suicide attempts despite the high number of mentally ill people Lypically housed in its detention facility and the frequent Sucide and suicide attempt occurrence

Buncombe County and Sheriff Van Duncans - deliberate indifference to the health and safety of others is blatonly demenstrated by it's intake policy of asking inmakes to sign a form releasing Buncombe County from liability for losts incurred as a result of self-injurious behavior. I believe that form encourages Detention Facility employees to intentionally disregard and ignore detainees and inmakes known to be disposed to suicide and that is why I was not on suicide watch. The merning of Nov. 13 Dollo when I hung myself and nearly died. I spent 10 Days in Neuro trauma I. C. U. and am Still suffering from the residual affects; hypoxic brain injury, anterograde amnesia, Chronic headeches, P. T. S. D. and depression.

Buncombe County and Sheriff Van Duncan Kept me under Conditions where I suffered incalculable psychological suffering, in violation of the Eighth amendment for many months over the la year period outlined in this Complaint and inflicted Serious and lasting horm.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	∑ Yes ·
	No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Buncombe County Detention Facility
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	∑ Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes Yes
	No .
	Do not know
	If yes, which claim(s)?
	Suicide attempt resulting in bodily injury.
	Anorth Miles

VIII.

F.	If you did not file a grievance:
G.	1. If there are any reasons why you did not file a grievance, state them here: Betweln 2010 and 2016 Grievance forms were not freely provided. I asked a sergeant for one at one point in 2014 for munted health complaints and he said did you see tring? I replied yes and he said oh the You've seen mental health thou don't have a valid is see to gree 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I believe I spoke to a therapist of Robert Serious (ecovery Center in April of 2016 about the Sheriffs Offices' refused to take my mental health needs serious by I was very worked up and enter up absconding from rehab because I did not want Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
Previo	us Lawsuits
the filir brough malicio	tree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, out, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
Ye	es es
X No	
If yes,	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

imprisonment?

A.		Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?			
	\boxtimes	Yes			
] No			
В.	•	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
	1.	Parties to the previous lawsuit Plaintiff(s) Chr. Stopher Unthony Judd Defendant(s) Billy Walkins Ct. al,			
	2.	Court (if federal court, name the district; if state court, name the county and State) 1 18 16 10 1 18 10 10 10 10 10 10 10 10 10 10 10 10 10			
	3.	Docket or index number 1:19-04-76-FDW			
	4.	Name of Judge assigned to your case Frank D. Wh. they			
	5.	Approximate date of filing lawsuit 3-4-2019			
	6.	Is the case still pending?			
		Yes			
		No			
		If no, give the approximate date of disposition.			
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			
C	LY ₂ ,	we you filed other lawsuits in state or federal court otherwise relating to the conditions of your			

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)			
	Yes Yes		
*	□ No		
D	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)		
	1. Parties to the previous lawsuit Plaintiff(s) Christopher XInthony Juda Defendant(s) Willis Langkord et, 21		
	2. Court (if federal court, name the district; if state court, name the county and State)		
	Western District of North Carolina		
	3. Docket or index number		
	1:19-CY-158-FDW		
	4. Name of Judge assigned to your case Frank 1) Whitney		
	5. Approximate date of filing lawsuit		
	6. Is the case still pending?		
	X Yes		
	□ No		
	If no, give the approximate date of disposition		
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)		

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	12-2019	4	
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Christopher Shite OSO1408 Deuse Corrections Croldsboro City	hony Judd Lastitution N.C. State	P.O. Box 208!7 27533 Zip Code
В.	For Attorneys			
	Date of signing:	***************************************		
	Signature of Attorney			
	Printed Name of Attorney		***************************************	
	Bar Number Name of Law Firm	***************************************		<u></u>
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address	NAT		